E.I.C. Nurses 610 a

Vol. XVII. No. 10

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

PRINTED BY EVANS & HASTINGS, VANCOUVER, B.C.
Registered at Ottawa, Canada, as Second-Class Matter

OCTOBER, 1921

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All Communications to be addressed to the Editor and Business Manager, Vancouver Block, Vancouver, B. C.

Subscription, $2.00 a Year **Single Copy, 20 cents**

Entered as second-class matter March 19, 1905, at the Post Office at Buffalo, N. Y., under the Act of Congress of March 3, 1897.

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVII. VANCOUVER, B. C., OCTOBER, 1921 No. 10

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Protective Foods

BY FRANKLIN ROYER, M.D.

Executive Officer Massachusetts-Halifax Health Commission

Mankind has searched for centuries for an elusive something to prolong youth and vigor and extend life beyond the period of usefulness obtaining these later centuries. Ponce de Leon searched Florida for the Fountain of Perpetual Youth; Brown-Sequard sought the Elixir of Life; Metchinkoff, the bacillus of sour milk, that seemingly prolonged the lives of Bulgarians, and others each in their own peculiar way have pursued the great search.

During modern wars, countries engaged in the fight subjected large numbers of the male population to physical tests, usually to find that the race, instead of getting better, was in a great many particulars deteriorating. As a rule no practical applications were made to improve the

racial stock. No public health applications were made. With the recent great world war civilization faced anew these same problems, but with some exact knowledge.

The first striking observations that led to the use of protective food were made emperically among those who put to sea for long voyages. By practice, lemon juice—or limes, a misnomer used in England—was included in the diet of sailors for the prevention of scurvy. The routine introduction of lemon juice to the diet of sailors practically wiped out scurvy.

After the next striking advance (Eijkman, 1897), was to determine that in polishing, to get rid of the bran-like husk, an essential nutritional part of the food in rice was removed, and that those who ate it from Japan to Newfoundland were likely to get beriberi, unless this essential substance (removed in polishing) was taken with some other kind of food.

With this further evidence noised about the world, English speaking countries showed a "grain of sense" for a time, and applied a part of these observations to bread stuffs. Bran, from wheat, was eaten. Many people remember when graham bread was almost universally used, but in recent years, except during the period of the Great War, the average family lost the lesson and reverted to bread stuffs made from highly bolted white flour. The much more healthful whole wheat flour, healthful because the vitamine was not removed with the bran, was rejected.

Following Funk's invention of the term "vitamine," in 1911, research workers in nearly all parts of the world tried to isolate this essential substance. With research along this line on this continent will always be associated the name of that astute Canadian, E. V. McCollum, now Professor in the Public Health School of Johns Hopkins' University; abroad, Mori, the Japanese worker; Eijkman, of Holland; Funk and Mellanby, English research workers, and many others.

Goldberger, of Washington, in 1916, showed that pellagra was a food deficiency disease readily prevented or cured by adding or using foods known to be rich in vitamine.

The work of this entire group of research students tends to show definitely and conclusively that the substance called vitamines, the things which so markedly influences growth and nutriotion, will be found most readily accessible in two lines of food; first, milk and milk products; second, in the leafy vegetables. McCollum speaks of these as "protective foods."

It is safe to say that no diet is fit for use over a long period of time, either for children or adults, unless each day one or the other of these vitamine including foods is used as a part of the diet. While these substances are essential for good health, they are even much more so for growth. They are vitally important, then, for the expectant mother, the

nursing mother and the babe beginning the use of food, as well as for the pre-school age child. Everyone should all have some of the essential protective food stuffs provided each day.

The experimental work of McCollum, later confirmed by others, notably so by Howe of the Forsythe Institute in Boston, has shown how easy it is to influence growth and development of the teeth of experimental animals, almost at will, by withholding or including in the diet vitamine substances, doing so before birth or during the growing part of the life of the animal.

All of this experimental knowledge is now being applied in a practical way by modern stockmen. The prize-winning bipeds and quadrupeds of the country fairs show that high form of physical development because of the careful selection of food stuffs.

Is it not time that we begin applying these observations daily in the human family? Is it not time that we begin feeding the expectant mother, the baby, and the growing child, in that rational way which apparently will insure the type of physical development proven easily possible in animals?

If the observations of these research workers mean anything, and if their judgment is dependable, then we are amply justified in urging upon every family that milk, or some of its products, is imperative at least once a day—this is more important in winter than in summer—that some of the leafy vegetables must be included once a day in the diet.

It is time to cease lying down on the old saw, "It is God's plan that this child should be stunted in growth," and admit that "it is the ignorance of the father or mother" that permitted this stunted growth to occur. It is time to admit that our method of guidance has been so at fault that we have not applied these modern observations. It is time to cleanse the slate and begin anew. It is time to urge a quart of milk a day for every child. It is time to urge larger use of markets and daily use of fresh leafy vegetables.

Our little systems have their day;
They have their day and cease to be:
They are but broken lights to Thee,
And Thou, O Lord, art more than they.

In Memoriam.

Schools Seen in England and France

JEAN E. BROWNE, R.N.

A type of school that I saw in England for the first time, was the Montesori school. These classes were started by private funds, but are now receiving Government aid. They take children from 2½ to 5 years of age. On arriving at school they get their breakfast, and they also get a nutritious dinner at 11.30. They serve the dinner themselves. It was one of the quaintest things I have ever witnessed to see a small boy of four ladling out the soup, while half a dozen of his confreres carried it on trays to the little tables. What a lesson in self-control and unselfishness! After all the others are served, those serving help themselves. After dinner, they go to sleep on little stretchers, which are provided for the purpose, and at 3 p.m. they go home.

The songs, games, etc., are somewhat the same as those taught in our Kindergartens. There is one fundamental difference, however, individual, rather than group effort is stressed, and, as a result of the methods used, the children are amazingly alert and they look immensely happy. There is less teaching, and more opportunity given for each child to work out his own ideas.

As far as the elementary schools in London were concerned, those that I saw were old and unsanitary and one was struck with the large proportion of children suffering from malnutrition. It was in the special schools that I was deeply interested. One type of special schools had physical defectives on the first floor, deaf and hard-of-hearing children on the next floor, and mentally deficient children on the top floor. There were other schools set aside specially for feeble-minded children. In the girls' school, one saw beautiful hand-work and dressmaking being done by these girls. And they looked so contented, indeed almost happy. In these schools they are competing with children of intelligence somewhat similar to their own, and they are understood by their teachers. In the schools for feeble-minded boys, special emphasis is placed on organized games, and some trades, such as cobbling, are taught. But the school that delighted one's heart was the Cable Street school for children of superior intelligence. There is a similar one in each borough in London. The pupils are selected in the following manner: The brighest children of about eleven years of age are selected in each school by the teacher, and an examination is given them. Those showing the most merit are selected and are allowed to go to the central school. There are only 300 pupils in each. Specially gifted teachers are chosen for these central schools. In the one I was in, nature study and art seemed to be the predominating features. One was shown the most beautiful work in art done by these pupils. It did not require a great stretch of the imagination to see the joy that this kind of work would bring into the drab lives

of the children of the slum dwellers. The School Care Committee of these central schools takes special pains in getting the pupils into good positions when they leave school.

There are also regularly established sight-saving classes in connection with the public schools. The one that I remember best was one seen in Sheffield. The pupils are not allowed to use books at all. Each pupil is supplied with a small blackboard attached to his desk, and he writes with chalk. The reading lessons are written on a revolving blackboard and are not longer than ten minutes at a time. The children are taught occupations which they may use to earn a living and which are not a tax on their eyesight. In this class, dancing and singing receive special attention. I have never seen anything more beautiful than a minuet danced and sung by some of these pupils. I shall never forget one little girl, literally in rags, dancing this with her head held high and living the spirit of it as any little princess might. The stately grace and beauty of the minuet had lifted her far above the sordid details of her life.

Some provision is made in all the English cities I visited for open air class-rooms for anaemic children. Nutritious meals are served in these schools and the children sleep for an hour after lunch The regime of open air, good food and rest give almost unbelievable results. The only trouble arises when the children are sent back again to the regular class-rooms.

In London and Birmingham, and no doubt other large English cities, a pronounced feature of school work is the "After Care Conference." Just before the child leaves school, at fourteen years of age, a conference relating to his future employment is held at school. At this conference the following are represented: The Apprenticeship Association, the Employment Exchange, Evening Institute Committees, School Care Committees, one of the parents, and the head master of the school. The parent states what employment she would like her child to follow, the child expresses his own wishes in the matter, and the teacher's report states what he thinks the child is best fitted for. The condition of his health is discussed. It is then a question of starting the child on the right track, care being taken to advise against the so-called "blind-alley" occupations. If he does not already belong to some club, he is put in touch with a good boys' club. Clubs for boys and girls abound in the east end of London. The amount of voluntary public welfare work done in London is remarkable. The school care committee is then expected to report on this child every six months until he is eighteen years of age.

The School Medical Inspection Act of 1908 provided for medical inspection of all public elementary schools in the kingdom. Each child is examined at least three times in his school life, and clinics of all kinds exist for the remedying of defects. The machinery for this work is immense, but one feels that it is revolving in a vicious circle. If the present system continues, no doubt each succeeding year will bring its same pro-

portion of defects and diseases, for they are working on the old inspection plan, rather than on the health education plan. As far as I could see, only the most casual attention, if any, was being given to the formation of health habits in the children in school, and the schools themselves were not hygienic.

There was a good deal of public controversy in England last winter regarding the Education Act of 1918 (Fisher Act), which came into force in January, 1921. It provides for continued education eight hours a week for four years after the child leaves school (at the age of fourteen), or the parents may choose the alternative of sending the child to school for two full years. Some large firms in England have been providing this supplementary education for their juvenile employees for years, so that the public is more or less prepared for the Act. It was most unfortunate that this Act came into effect when it did, during a period of industrial depression and consequent unemployment. Then, too, the cost of operating all these extra classes meant the building of new schools, for the classes are to be held during regular school hours, and at present England is groaning under taxation. The consequence was that the city of Birmingham and other large cities sent a petition to the Government not to enforce the Act at present, and this petition was granted, so that the continuation classes are still a thing of the future.

The only rural schools I saw in England were some in Warwick county. One of these, a few miles distant from Rugby at the quaint little village of Dunchurch, was founded by the Duke of Buccleuch, in 1707. In an old registry one saw the entry "The Master shall forbear to admit to this school any child who is itchy, scabby or lousy, or who has any nasty or infectious disease." From the point of view of hygiene this school is atrociously bad, but from other points of view most interesting. Just across the street is the house where Guy Fawkes and his confederates are said to have hatched the gunpowder plot, and just around the corner is the old village smithy made immortal by the poet. The spreading chestnut tree is gone, but the smithy is still there.

One finds the haunts of Tom Brown at Rugby still unchanged. The dormitories are just as described in the books, and in the long narrow halls outside are the rows of little trunks, each marked plainly with the owner's name.

It was like re-living an old dream when one came on the tiny little studies, ridiculously small, yet cosy. The boys at Rugby still regard it as a great promotion when they are given a study to themselves. Tom Brown's class-room remains unchanged, too. It is a tall, dark, gloomy room (a separate building) with long benches with no backs and most uncomfortable desks. These benches are defaced by hundreds of initials carved into them One saw the spot on the playgrounds where the boy first kicked the football, giving rise to the Rugby game. The day I was there, I saw the boys all march past from their cadet drill, and a finer,

manlier group of boys it would be hard to find. Evidently Dr. Arnold's spirit still abundantly lives in the school.

Perhaps the most interesting schools I saw were in the devastated regions of France. To my surprise, I found the children, on the whole, looking remarkably rosy and healthy, and they were almost, without exception, clean and neatly clad. The very lively sense of humor of these French children was delightful. Occasionally one saw a child with a prematurely old face reflecting the horrors of the war, and there are a few still living in cellars. The French Government is laying great emphasis on organized play in the schools now. One of the teachers of physical culture told me that, when she first introduced ball games, the children dodged the ball with terror, so firmly fixed was the horror of bombs. From the hygienic point of view, the schools in France are bad, not only in the rural districts but also in Paris.

In Paris, among the other schools visited, we saw a school for the orphan sons of soldiers. A talented musician gives a great deal of his time to this school, with the result that one hears these children singing classical music most beautifully. The buildings and grounds were once a private residence, donated for the purposes of a school by the owner. The large grounds give an opportunity to teach the boys gardening as well.

Although it was in Paris that the first system of medical inspection of schools was begun, still this system has not progressed much since 1879. During the last year a French Red Cross Nurse has begun the organiztaion of school nursing in Paris, and already good results are in evidence. Perhaps the most difficult health habits to teach to French children is the necessity of sleeping with open windows at night. I am not sure, however, that all our Canadian children have learned that necessary habit.

After seeing the schools in the Old World, one is bound to make comparisons in results with our own. In my opinion they undoubtedly have great advantages in the way of general culture, but our boys and girls are being trained along more vigorous and independent lines. In my estimation, our children are being given better opportunities for development of both body and mind, but they are missing, perhaps, the charm of life.

It might, perhaps, be of interest to relate what I saw in the devastated regions outside of the schools.

A splendid work of reconstruction is being carried on in the district of the Aisne, which was perhaps the most hotly contested area in France, by the Comitè Americaine, an organization largely financed by Anna Morgan and her friends. The largest towns in the Aisne district are Rheims, with its wonderfully beautiful ruined cathedral; Coucy, with its completely ruined 8th century chateau; Soissons, Blerancourt, and

Vic-sur-Aisne. In addition to these there are over 100 villages in the district, almost entirely ruined. It is difficult to describe how the desolation of these ruined villages overwhelms one at first, but, later on, one is equally overwhelmed with that tremendous moral courage and cheerfulness and never-tiring industry with which the French people are making the best of things. Every available inch is under cultivation, the trenches and mine holes having been filled up. Everywhere one sees rolls of barbed wire and rows of shells neatly piled up by the roadways. The French Government is doing its best to send out sufficient barracks to house its people, but it is a difficult task, and one still finds families living in cellars and barns and dugouts, where the sunshine never finds its way. One of the finest services that the C. A. R. D. has been able to do for these splendid people has been the supplying of farm tractors. One sees the rather amusing combination in France of tractors and picturesque white oxen working in the same fields. The Committee has also helped these people tremendously by supplying thoroughbred sires in order to help them build up a good strain of stock again. The necessity for giving out supplies of food and clothing is gradually being eliminated, except for the old people. They have not been able to recover from the shock of war. Many of them who were small proprietors before the war now find themselves dependent on bounty. In one home visited, an old lady had been without a stove since the war; she had to do her cooking on an improvised fireplace outside. Another old lady in one of the villages had just moved into a barraque, and she proudly exhibited her bed and mattress, two chairs, a small table and her chintz curtains, but she had no stove. In countless ways the comitè is bringing some degree of comfort to these old people of the French villages.

One of the outstanding features of the Committee's work is its libraries. They seem to be wonderfully appreciated by the people, and particularly perhaps by the children. It is my impression that French children learn to read and write more quickly than ours do, and that they are not so fond of outside play. In fact, the most intensive work being done by the Committee is for the children. The Boy Scout movement is fostered and made possible by its funds. The girls who have left the elementary schools are organized into Household Arts classes, where they are taught dressmaking, weaving, cooking and laundry work.

In each centre there is a clinic and one or more public health nurses, who do all types of public health work and bedside nursing. Each nurse has a car and chauffeur, so that she is able to visit several small villages in a day.

However, it would seem that the work of the C.A.R.D. will very soon be no longer necessary, as the people in the devastated regions, as a result of their courageous industry, will soon be re-established and the havoc wrought by the great war will be obliterated.

A Few Suggestions to Private Nurses who are willing to do Obstetrical Work in Private Homes

Mrs. A. Barrett.

When a nurse promises to take an obstetrical case at a stated time, I think it is a good plan to visit the patient a month or two in advance, and try in every way to gain the patient's confidence, and try to remember that although this woman is a case, she is also a human being about to face a very grave and maybe dangerous ordeal, for a great deal will depend upon the nurse's sympathetic attitude towards her patient.

During this visit it is very wise for the nurse to make it clearly understood that her professional fee begins from the date she is engaged. On said date, the nurse should put herself at her patient's disposal, and be free to be called at any hour of the day or night. This is not always clearly understood and often gives rise to a lot of misunderstanding.

A bright, airy room should be chosen. Ask your patient to have it thoroughly cleaned one week before her expected call of confinement. See what implements are needed. Try if possible to manage with what your patient has on hand, but insist on having what is really needed. Give advice regarding pre-natal care, especially that which has to do with breasts and nipples. Inverted nipples should be massaged and brought out. Astringents, such as alcohol 95 per cent., used frequently; cocoa butter and rose water and glycerine a.a., equal parts, applied q.n. is very beneficial. The nurse should encourage her patient to nurse her baby. The nurse is also responsible for the making of supplies and sterilizing of same.

At time of confinement, notify your doctor when labor begins and keep him posted on the progress the patient is making. Call him in good time for delivery, remembering that although he may be rather cross at having been called too soon, he will never forgive you if he is not there for the delivery.

Be as patient as possible with your patient, her husband and relatives, and do not lose sight of the fact that it is a very trying time for them all. Arrange your room as you have been taught in your respective hospitals. Plenty of hot and cold water is essential. Be ready to face any emergency, but, nevertheless, keep your patient's mind serene and encourage her in every way to use her pains to advantage.

After delivery, watch your patient carefully for at least two hours. Even in hospitals it is customary for the doctor to stay with his patient for one hour after delivery, so you can insist on having him observe this rule in private practice.

Before closing, I would like to say a word about the great difficulty doctors have in finding competent nurses to do obstetrical work. I quite realize that it is much harder to look after two patients instead of one, and I quite agree that the hours of labor are very trying, but then the first 48 hours a nurse spends with any post-operative case is just as difficult, so why can't they do more obstetrics?

Now-a-days a great deal of good work is done in connection with baby and child welfare work, and I think that the best way to co-operate and help with this good work is first of all to aid the expectant mother through a successful pregnancy, and by so doing help her to have a healthy child.

Another point I should like to insist upon is, the private nurse's hours off duty. A nurse is entitled to five hours off duty, if she is doing nineteen hours duty. Let her take stated hours, and be back on duty when she has promised to, and not stay out another hour or so, thinking it does not matter, for it does. If she observes this rule, she will save herself a great deal of trouble.

A private nurse should never relate to her patient tales of other confinements or criticize doctors, their methods, or special care of difficult cases.

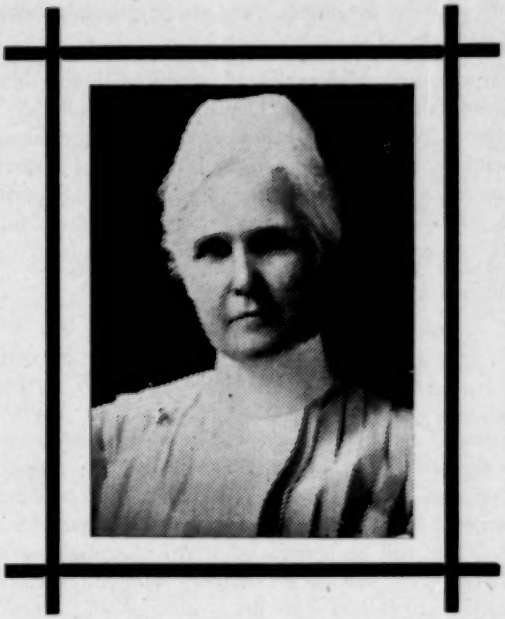
Read at C.N.A.T.N. Convention, Quebec, 1921

The visit to the United States of the British surgeon, Lieutenant-Colonel Henry Smith, is attracting wide-spread attention. His special work is the removal of cataracts by the Smith-Indian method; this consists of removing the entire lens capsule, differing from the usual operation, in which only the contents of the capsule are removed. Dr. Smith has performed over 50,000 operations of this nature. He works with remarkable skill and dexterity, performing operation after operation in an incredibly short space of time and without apparent fatigue.

But am I not the nobler thro' thy love?
O three times less unworthy! likewise thou
Art more thro' Love, and greater than thy years.

Love and Duty.

Miss Margaret Stanley



Miss Margaret Stanley, for fifteen years Superintendent of the Training School, Victoria Hospital, London, Ont., and one of the prominent figures in the nursing world of Canada, died Sunday, August 4th, 1921, in London. Miss Stanley was born in Lucan, Ont., trained at Johns Hopkins Hospital, Baltimore, Md., and, after graduating in 1896, she took the position of Superintendent of North Adams Hospital, North Adams, Mass. She left this position to go to Victoria Hospital, London, where she remained till April of this year, retiring because of ill-health.

Miss Stanley was a prominent and interested member of nursing associations, and it was while attending the Convention of the C.N.A.T.N. and C.A.N.E. in Toronto, 1918, that she fell and broke her femur, which left her decidedly lame. She, in spite of this handicap, attended the conventions in Vancouver, 1919, and Fort William, 1920.

She was buried in the family plot at Arva, Ont., following an impressive service in St. John the Evangelist's Church, London, where hundreds of sympathetic Londoners, including representatives of the various women's organizations, the Hospital Trust, Victoria Hospital Alumnae Association, Victorian Order of Nurses, the C.N.A.T.N., represented by Miss Mathieson, Superintendent of the Isolation Hospital, Toronto; the C.A.N.E., represented by Miss Fairlie, Superintendent of Nurses, Hamilton General Hospital, and the G.N.A.O., represented by

Miss Potts, of the Sick Children's Hospital, Toronto, and many other graduate nurses. The Honorary Pallbearers were members of the Victoria Hospital A. A., who graduated during Miss Stanley's superintendency, namely, Misses McIntosh, Stewart, Frazelle, Armstrong, Bull, Summer and McNab.

The floral tributes were especially beautiful, including offerings from the Local Council of Women, the I.O.D.E., the Red Cross Society, the Canadian National Association of Trained Nurses, the Ontario Graduate Nurses Association, the Board of Hospital Trustees of Victoria Hospital, the Canadian Association of Nurse Education, the Superintendent of Toronto Sick Children's Hospital, the Superintendent of Hamilton General Hospital, and many relatives and personal friends of the deceased.

The Private Duty Nurse

The Private Duty Nurse's work is one of unusual interest and usefulness, and provides many opportunities of helping others. An ideal nurse must have an unlimited supply of patience; she will be ever faithful in discharge of her duty, caring for the poorer patients as much as the rich ones. She will be honorable, truthful, straight-forward, unselfish, and will carry out the doctor's orders with implicit obedience and greatest loyalty towards him. If this is not possible, there is only one thing to do, give up the case.

For some time the Private Duty Nurse has received many criticisms, some justly due and others not.

Just a short time ago a doctor remarked that he was sorry to see some of the nurses were resembling the factory girl, in so much that they did not have their minds as much on their work as on the clock, waiting for the time to go off duty.

Nurses who do their work half-heartedly, or in, might I say, a selfish manner, miss its most inspiring features. Unless the heart, as well as the head, is in the work, the nurse will not succeed. If nurses shrink from self-sacrifice and devotion, called for in private duty nursing, then they should not take up this branch of nursing. To nurses who give of their best, eventually not only their lives are blessed, but they make a reputation for themselves and keep it.

Lately the spirit of nursing, by some, has been lost sight of, and the financial side has gained prominence and their numbers are increasing. They no longer mind people, knowing that nursing, to them, is a business pure and simple.

One of the noblest professions open to women is tending to become

a soul-less trade, a purely commercial contract, a simple exchange of goods for money, the goods being their knowledge, skill and bodily powers For these goods they are out to secure the highest obtainable price at the minimum expenditure of time and trouble.

What is blamed is not the legitimate, inevitable care of money, but the worship of it, putting aside the high and holy ideas of the service of the sick.

Have you ever heard anyone say, "I dread having a trained nurse, they need so much waiting on and they are so extravagant?" So above all things a nurse should endeavor to make her presence in the house a relief and not a burden.

Now that everything is so expensive, it would be well for nurses to learn the price of things, and only order what they actually need for their patient, and not use more linen than is necessary.

Nurses need a diversity of interests in order to keep their minds alert and enable them to enter into the interests of their patients, to help the weary hours of convalescence to pass, by having something bright and cheerful to talk about. Not like the nurse who was nursing a very bad case of blood poisoning in the country last fall. On returning from a walk, said "She had passed three cemeteries and asked which one her patient intended being buried in."

How full of comfort to the sick is a cheering smile, a re-assuring look and an encouraging word. They scan and search your face anxiously to read their fate there, or your opinion of their case, and they catch, and are depressed by, the trouble or shadows that they find.

A most important thing for a nurse to always remember is not to violate professional confidences. As has been said, a nurse has two eyes to see with, two ears to hear with, she has only one mouth, and "a still tongue maketh a wise head."

It would be well for nurses to learn the Florence Nightingale pledge and follow more closely the principles of this pledge.

At present the private duty nurse in China is only allowed to nurse women and children. The medical profession feel that women must care for both sexes, and this means a revolution in Chinese ideas. Thus the fight made by Florence Nightingale is being waged in China. Let us hope before long they will have won and that they strive for the high ideals and standards that we have been striving for and trying to the best of our abilty to live up to.

D. HAY BROWNE, R.N.,

Read at the C.N.A.T.N. Convention, Quebec, 1921.

A Word About Private Nursing

So much has been written about the private duty nurse that it seems as if there is very little more to be said.

Private nursing is, as everyone is willing to admit, the soul of nursing—it is the branch of the profession that brings out just what is in the nurse; in fact it is real nursing for which a nurse has been trained for three long years. And yet how many hospitals take into consideration the personality of the nurse and her possible attitude towards the family while in the home.

Frequently it has been said to more than one nurse by patients, and even maids, "Why we never had a nurse like you before," etc. Those who have done private duty nursing will readily know just what is meant. Personality and common-sense count for much more than is realized by the majority of nurses, as after all we are trained to be nurses, not the doctors on the case.

One cannot blame a hospital for the action of her graduates, still, when one reads of such criticisms as "the maid will walk out if a trained nurse is brought into the house," one cannot help but think that the hospital might do a little more towards elevating a profession to which it should be an honor to belong. Through her the nursing profession is judged. Into her sympathetic ear are poured all the trouble and trials of the family which should be regarded as a sacred trust and not to be discussed with others when she has finished the case.

To be sure, private nursing is the hardest branch of the profession, and is certainly a tax on the mental and physical endurance of the nurse. No truer words were written than that the life of a nurse is ten years.

Few people realize how much of herself the nurse really gives to her patient—in fact few know how much is demanded of her if she is to be the successful private nurse. Then there is the constant strain, for the beginner of the work at least, of wondering if there will be another case, and just what it will be like, the listening for the telephone, and wishing quite often that it would not ring, especially after finishing a hard case of night duty. But frequently it does ring and one is asked to go right back to the hospital to take an emergency day case.

Special nursing in a hospital is perhaps much harder than private work, as the hours are so long and most fatiguing. To rise at 6 a.m., and not return to her room till 8 p.m., means that a nurse is not able to accomplish anything outside of her work. She is really too tired to take an active part in the various nursing organizations.

However, the day comes when she cannot keep up such strenuous work as it is a physical impossibility. Then, like so many others, she

begins to think of an eight-hour day, with its possibilities of leading a more natural life, and of being of more service to a larger number of people.

This condition should apply to those who have spent some time in the private nursing field, but quite often it does not. And yet private nurses we must have, as, how many of us, if ill, would like to be told there are no nurses on the registry?

This brings us to the question of what is to be done to keep up the supply of private nurses. A solution to this problem, we trust, will soon be solved, as somehow everything seems to work out for the better.

G. V. BEERS,

Read at the C.N.A.T.N. Convention, Quebec, 1921.

Nursing in Czecho-Slovakia

Miss Marion G. Parsons, of San Francisco, who, with Miss Lentill, has been to Czecho-Slovakia to organize a school of nursing, says that the school which has been taken over is the only one in the country giving a recognized course of training. The nursing staff in most of the hospitals is composed of nuns, though in the large municipal hospitals are to be found many of the standing of the nursing characters in Dickens. They are given empirical training, or at least but a few weeks of theoretical instruction. The wages paid in the hospitals are wretchedly low, so nursing on the whole ranks somewhat below domestic service. The school of which Miss Parsons has taken charge has a two years' course, the first year being entirely theoretical and the second entirely practical. Speaking of the hospital, which is bad from every point of view, she says that her very soul sickens when she looks at it and thinks what is ahead of her in trying to give a decent training under the existing conditions. There are about 1,400 beds to 182 "nurses," of whom fifteen are graduates of the State school and about as many more pupils in training. The school is to be taken over for two years by the Czecho-Slovak Red Cross and reorganized. Then it will be returned to the Minister of Hygiene. The American Red Cross has agreed to send two two Czecho-Slovak women to America to study in one of the best schools of nursing there. Miss Brezinova and Miss Ruzickova, both graduate nurses, have trained at the Vienna School of Nursing, have been selected, and are leaving for the United States to enter the Massachusetts General Hospital.—*Nursing Mirror.*

Travelling Publicity Campaigns

(From the Russell Sage Foundation, New York City).

The itinerant trader has always been a bearer of news, but we are now becoming familiar with a new kind of pedlar, whose pack contains new ideas and useful information, not goods. He goes about the country representing departments of national and state government and private organizations. His trade is in the interest of better citizenship and health, not profits. The activities of these pedlars have been described in a book issued by the Russell Sage Foundation under the title of "Travelling Publicity Campaigns," with a sub-title, "Educational Tours of Railroad Trains and Motor Vehicles," by Mary Swain Routzahn. The mode of travelling has progressed from wagons to trains and from trains to motor trucks. The wares are helps to better crops, better homes, better health. Accounts of some 130 educational tours by train, auto truck, motor cycle, trolley car, wagon, and even by house-boat, are drawn upon in assembling this review of a comparatively new method of education and publicity. The appendix includes concise information on all of these tours.

According to responses to an inquiry widely sent out, travelling motion picture shows dealing with health and other subjects, travelling dispensaries and tours demonstrating the adaptability of trucks, and thus advertising trucks themselves, are the chief educational uses of motor vehicles. Demonstration trains have been employed for a number of years to carry on educational and organization work by state agricultural colleges, departments of health and private state organizations, with the co-operation of the railroads.

Accounts of some typical travelling campaigns are combined with suggestions on the various factors that enter into the success of an educational tour. The book is plentifully illustrated with photographs showing how some of the trains and trucks are fitted up with displays and equipment for demonstration. Some of the technical problems of arranging and displaying exhibits to advantage in car interiors are pointed out and illustrated. The importance of good advance work in arousing interest in the coming of the train or truck is discussed in some detail. The program of events of each stop, the planning of itineraries and finally the follow-up work to make sure that results are obtained are all given a considerable amount of space.

The two chief advantages of the educational tour as a publicity method are seen to be, first, in bringing before scattered audiences (often in out-of-the-way rural districts) well-equipped speakers and good graphic material otherwise prohibitively expensive; and, second, the

news interest attendant upon the visit of the train to a town. This form of publicity cannot, of course, be well applied in campaigns which require the dissemination of information over large reaches of territory at practically the same time; but it is undoubtedly the quickest way of displaying the same objects to a number of communities.

"Travelling Publicity Campaigns," by Mary Swain Routazahn, New York; Russell Sage Foundation. 1920. 19 illustrations. Bibliography. Reference Lists of Train, Truck, Trolley and Other Travelling Campaigns. Price, $1.50 net.

Is there a Shortage of Student Nurses?

A Survey made by the Canadian Red Cross Society.

The survey upon which this study is based was made by the Canadian Red Cross Society in February, 1921, at the request of the Canadian National Association of Trained Nurses and the Canadian Association of Nursing Education to determine the extent, degree, causes and possible remedies for the apparent shortage of pupil nurses in the training schools of Canada. A questionnaire was prepared with the assistance of Miss Gunn and Miss Flaws and sent with an explanatory letter to the Superintendents of 219 Training Schools throughout Canada.

More than half the questionnaires were answered[1] representing, with the exception of British Columbia and Quebec, a majority of hospitals in each Province[2]. The replies received were classified evenly among small, medium and large-sized hospitals. For these reasons the facts elicited may be considered to represent with fairness and reasonable accuracy the situation at that time.

A shortage of student nurses was reported by 39 out of 98 training schools. Though a shortage of 40% cannot be considered extreme, yet many of the answers indicate that a shortage did exist until the completion of military demobilization and altered economic conditions decreased the demand for young women in occupations undertaken by them during the war. This answer may be considered a fair representation of conditions in January, 1921, for, as was pointed out in the introductory remarks, these schools are distributed evenly as to province and size of hospital and the figures include nearly one-half of the schools in Canada.

To what cause was this shortage attributed? The cause most frequently assigned was "the attractiveness of other occupations." This single cause was paramount and scored more points than did almost all other causes added together[3]. The superintendents of the schools affected had tried to remedy the shortage by advertising and publicity, by better quarters and by increasing the cash allowances[4]. The result in most cases had not been encouraging.

The intensity of the shortage according to Provinces is shown by the following table:

Manitoba ..... 3 out of 5 replies (60%)
British Columbia ..... 7 out of 13 replies (54%)
Ontario ..... 21 out of 53 replies (40%)
Saskatchewan ..... 3 out of 9 replies (33%)
Minor shortages were reported by the other provinces[5].

In addition to the fundamental question of the existence of a shortage, some interesting facts were revealed regarding the profession of nursing.

Size of Hospital.—The average number of beds in hospitals with training schools was 143. These hospitals divided into three groups of almost equal size:[2]

1. Small hospitals with not more than 50 beds.
2. Medium sized hospitals with from 51 to 100 beds.
3. Large hospitals with over 100 beds.

Activity of hospitals.—The degree of activity of these hospitals may be judged by the fact that an average of 79% of the beds were reported as being in daily use.[6]

Teaching Staff.—The number of graduate nurses employed gave a rough indication of the staff available for nursing patients and instructing students. There was one graduate nurse for every 16 beds and for every 5 students.[7]

Preparatory Occupation.—Many girls on leaving school wish to study nursing but are necessarily prevented by reason of their extreme youth. To answer the oft-repeated inquiry of these young girls as to the best means of filling in time between High School and Training School, Superintendents were asked to suggest a remunerative occupation or a course of study that a girl might take up on leaving school until she was old enough to commence training, and which would assist her subsequent career as a nurse. The collective wisdom of the Superintendents indicated courses in Household Science or Dietetics as by far the most useful bridge between High School and Training School.[8]

Length of Course.—The three-year course was almost the rule; ninety-three having this length of training as compared with four schools givng a course of two years.

Supply of Students.—This is estimated by comparing the applications and enrollments for 1915 with those for 1920. In interpreting these figures it should be remembered that 1915 was a war year, in which many young women sought admission or were actually enrolled in the hope of becoming Army Nursing Sisters.

In 1915 there were 7,740 applications made to 46 Hospital Training Schools. In 1920 the same hospitals had only 4,760 applications. This tremendous numerical decrease is more apparent than real and was due to a flood of applications to the larger hospitals during the war year, for the hospitals showing an increase in applications are almost as numerous as those reporting a decrease.[9]

The number of students enrolled in 70 hospitals in 1915 was 1,707.

The same hospitals enrolled 2,365 students in 1920. Comparing the enrollments for 1915 with those for 1920, an increase was reported by 52 and a decrease by 12, six remaining unchanged.

Without a knowledge of the undoubted increase in bed capacity during this period of 5 years, reasonable deductions from the foregoing figures cannot be made.

Number of Student Nurses.—The average number of student nurses in hospital training schools was 40.3 or one student nurse to every 3.5 beds. On this basis it is estimated that there are nearly 9,000 young women in the nurse training schools of Canada.

Age Limits.—The average minimum age limit for entrance to the schools is nineteen years. The most frequent is eighteen years, though three schools accept girls of seventeen, and one school will not take a girl who is younger than 23. By far the most frequent upper age limit is 35 years, though three schools will not accept applicants older than 25, and an equal number of schools have no definite senior age limit.[10]

Educational Qualifications.—It was difficult to determine with accuracy the educational standard demanded of an applicant because some schools set up standards that are more honoured in the breach than in observance, and many add to their nominal standard that convenient but elastic phrase "or its equivalent." Three schools frankly admitted the absence of any definite standard whatever. "One year at High School or its equivalent" was stated to be the standard in 51 schools, while 19 schools demanded two years of High School training and a slightly greater number were satisfied with High School Entrance. After all, the laxity in this matter is of relatively small importance, when one considers the variety in examination standards of apparent equality, the lack of correspondence between education and ability, and the greater importance of the Superintendent's personal estimation of the potentialities of an applicant. On the other hand standards are, or should be, definite, and it is superfluous to point out to you that the steadily increasing complexity of the technicalities of modern scientific nursing make it impossible to instruct adequately a pupil of inferior general education. That this fact is generally appreciated by Superintendents is shown by a glance at the figures giving causes for which unsuccessful applicants were rejected.[11] By far the most frequent cause of rejection is lack of educational qualification, and the total for this cause almost equals the combined totals for all other causes. "Do you consider the educational standard too high?" was a question answered in the negative by over three-quarters of the Superintendents replying.

These facts show the good results of the firm stand taken by your Association in pressing steadily for a higher educational standard for student nurses.

Cash Allowances.—Nearly 93% of the schools give a cash allowance to student nurses in all years. This allowance varies from a minimum of

$2 a month in the first year to a maximum of $30 a month in the third year, the average allowances being as follows:

First year	$ 7.26
Second year	7.79
Third year	10.32

Uniforms and Texts.—Free uniforms were supplied in one-half of the schools, while a few others gave the material from which the uniforms were to be made. Free text books were supplied in 22% of the schools.[12]

Hours of Duty.—The ten-hour day is by far the most usual, occurring in 59 instances, as compared with fourteen of 9 hours and sixteen of 8 hours. An eleven-hour day was admitted by five schools.

Vacation.—Vacations of a fortnight and three weeks divide the honours nearly evenly. A month's holiday is allowed in three schools.[13]

Supply of Graduates.—1,138 nurses were graduated by 72 schools in 1915, and the same schools in 1920 graduated 1,519. It is questionable if this increased annual output of nearly 400 graduate nurses is sufficient to offset the demand caused by the increased number and size of hospitals, in addition to the ever-widening range of nursing activities in the fields of industrial and public health nursing.

Excluding the unusual conditions occasioned by the pandemic of influenza, a shortage of graduate nurses for ordinary demands of the community was reported in almost 50% of cases.[14] The lack of graduates was chiefly for private nursing in homes, and was explained by the unsatisfactory conditions in the homes and the preference for public health and institutional work.

Conclusion.—This survey was made with your co-operation as a result of the request that the Canadian Red Cross Society should assist the National Nursing Associations in a campaign to recruit student nurses. While the results do not indicate a degree of shortage sufficient to justify action of a national character, yet in British Columbia, Manitoba and Ontario the needs of the situation are sufficient to justify Provincial action, and the Provincial Divisions of the Red Cross have been advised of the results of the survey in order that they may be in a position to co-operate with their respective Provincial Graduate Nurses' Associations.

[1]Province—	Questionnaires sent	Replies Received
REFERENCES		
Alberta	21	12
British Columbia	38	13
Manitoba	9	5
New Brunswick	9	7
Nova Scotia	14	9
Ontario	77	53
Prince Edward Island	4	3
Quebec	30	14
Saskatchewan	17	9
	219	125

[2]Sizes of Hospitals:

Small Hospitals (50 beds or less)	28
Medium Hospitals (51 to 100 beds)	29
Large Hospitals (more than 100 beds)	31

[3]Causes for the Shortage of Student Nurses:

Other occupations more attractive	21 instances
Lack of educational qualifications	8 instances
Difficulties of small hospitals	5 instances
Poor quarters	4 instances
Hardships of training	2 instances
Inadequate salary	2 instances
Emigration to U. S. A.	2 instances

[4]Suggested Remedies for the Shortage:

Shorter hours	10 cases
Better quarters	9 cases
Advertising	7 cases
Increased salary	6 cases
Longer High School training	3 cases
Reduced age for entrance	1 case each
Higher educational standard	
Lower educational standard	
Scholarships	
Less "menial" work	
Longer vacation	
Shorter course	

Remedies Actually Tried:

Advertising and speeches	15 cases
Improved quarters	6 cases
Increased salary	4 cases
Shorter hours	2 cases
More maidservants	2 cases

[5]Minor Shortages Reported:

Alberta	Shortages in 2 out of 12 replies
Quebec	" " 2 out of 14 replies
Nova Scotia	" " 1 out of 9 replies
New Brunswick	" " 0 out of 7 replies
Prince Edward Island	" " 0 out of 3 replies

[6]Activities of Hospitals:

Replies received	92
Average number of beds occupied daily	112.41
Percentage of beds occupied daily	78.8

[7]Graduate Nurses on the Staff:

Replies received	95
Total number of graduate nurses including superintendent	828
Average number of graduates to each hospital	8.72
Average number of beds to each graduate	16.35
Average number of student nurses to each graduate	4.67

[8]Suggested Preparatory Training:

Course in Household Science or Dietetics	43
Office work	17
Business Course	16
School Teaching	16
House Work	13
Course in Elementary Science	12
Combined University and Hospital Course	3

[9]Applications for Enrollment:

1915 compared with 1920.

Schools showing increased number of applications	22
Schools showing decreased number of applications	24
Schools showing no change	9

[10]Age Limits for Entrance:

Minimum of 17 years	3 cases
Minimum of 18 years	38 cases

Minimum of 19 years	21 cases
Minimum of 20 years	25 cases
Minimum of 21 years	8 cases
Minimum of 23 years	1 case
Maximum of 25 years or under	3 cases
Maximum of 26 to 30 years	29 cases
Maximum of 31 to 34 years	17 cases
Maximum of 35 years	45 cases

[11]Causes for which Applicants to Training Schools were Rejected:

Educational	133 instances
Age	85 instances
Health	75 instances

[12]Supply of Textbooks and Uniforms:

Replies received	94 schools	
Uniforms free	47 schools	50%
Material free	8 schools	9%
Text-books free	21 schools	22%

[13]Length of Annual Vacation:

Three weeks	47
Two weeks	46
Four weeks	3

[14]Shortage of Graduate Nurses ...	1915 compared with 1920
Replies received	72
Number of graduates in 1915	1,138
Number of graduates in 1920	1,519
Schools with increased output	46
Schools with decreased output	17
Schools with stationary output	9
Communities short of graduates	45
No shortage of graduates	46
Shortage for private duty	26
Shortage for institutions	8
General shortage	8
Shortage for midwifery	5
Shortage for infectious cases	2
Shortage attributed to:	
Preference for public health or institutional work	11
Conditions in private homes	11
Emigration to U. S. A.	6
Increased demand for graduates	5
Marriage	5

Question: "The following points have been advanced to explain the shortage of student nurses. From your general observation and without particular reference to your own school, what importance do you attach to each of these?"

Answers	**Yes**	**No**
Other occupations are more attractive	53	20
The hours of duty are too long	50	26
The living conditions are uncomfortable	46	24
The lack of salary during training	39	31
The nursing profession is becoming commercialized	40	18
After leaving High School I have to wait about 3 years until I am old enough to train	35	12
The food is poor or monotous	37	31
There is too much menial work	34	36
I feel the lack of home and social connections	32	30
The vacation is inadequate	27	36
The educational standard for entrance is too high	17	59
There are too many restrictions when off duty	10	54
Three years is too long to spend in training	7	79

Read by Mrs. Plumtree, at the C.A.M.E. Convention, 1921.

Editorial

In the death of Miss Margaret Stanley, for so many years in charge of the Training School of Victoria Hospital, London, Ont., the nursing world has lost one who was ever in the forefront of the profession—ready for all modern improvements, and ambitious that her school should be one of the best. Keenly interested, as she was, in all nursing organizations, and always ready to help in all ways by suggestions and advice, those of us who for years back have welcomed her help and enjoyed her presence at our National Association Conventions, felt the corresponding lack when she was absent from our midst at the Quebec meeting, feeling sure that only serious illness would keep her away from us. We missed her keen enjoyment and attention to every point that would come up, and the ready wit and tactful manner in which she helped us over bits of rough water will not be readily forgotten. It was with foreboding that she was not to be with us much longer that the two National Associations did her the highest honor possible by making her an honorary member of both.

We can ill afford to lose these pioneers of Canadian nurses, and among her sincerest mourners are those nurses all over Canada who have known and appreciated her. It was fitting that the honorary pall-bearers were graduates from the school to which for so many years she devoted herself.

CORRECTION.

The Editor regrets that the article "November in Blighty," published in the September issue, was separated from its rightful place under the C.A.M.N. Nursing Service Department. Our Military Sisters are helping most materially with our magazine, and we want full credit to be given where it is deserved.

Thrice blest whose lives are faithful prayers,
Whose loves in higher love endure;
What souls possess themselves so pure,
Or is there blessedness like theirs?

In Memoriam.

News from The Medical World

By Elizabeth Robinson Scovil.

Relief in Labor

The National Anesthetic Research Society has recently expressed its opinion on nitrous-oxid analgesia. It considers that labor is shortened 25 per cent. by its use. The stay in hospital is shortened two days. It does not interfere with the milk supply. By giving the operator better control of the patient, it lessens the danger of severe lacerations. It does not predispose to post partum hemorrhage. It may be used in obstetrical operations without changing to ether in the majority of cases.

Travelling by Air

Several California physicians went by airplane from Los Angeles to San Diego to attend a meeting of their medical association. The distance, 125 miles, was traversed in an hour and a-half.

Urticaria from Rapid Eating

A case is reported in which attacks of urticaria followed the bolting of food half masticated, only fifteen minutes being spent at dinner. There was no indigestion and the irritation disappeared when the food was well chewed and eaten slowly.

Hot Air Treatment

A French physician found that a stream of super-heated air directed against the tissues of the throat for ten or fifteen minutes seemed to destroy the diphtheria bacilli in chronic carriers. From three to five sittings were necessary, one case required fifteen.

The Use of Heels

It is asserted that as the use of a heel on a boot or shoe entails the expenditure of less energy in walking, it is permissible. The heel should be large at the bottom, to give a firm support, and not more than an inch or an inch and a-half in height. This would not throw the weight forward unduly and yet would relieve a considerable portion of the muscular strain in walking. It is the over-tiring of the muscles that produces the symptoms of foot strain.

A Necessary Training

The journal of the American Medical Association says, "No nurse is properly qualified to act in her professional relations, or to reach her greatest usefulness, unless she has practical experience and training in the management and care of contagious diseases. Such a training should be included in the preparation of every nurse. It recommends that, if the hospital has no department for contagious diseases, municipal institutions should be utilized for training.

Immunity to Measles

It appears, from some experience in a French hospital, that infants under six months old are comparatively immune to measles. It is thought that the immunity may have been transmitted to the child by the mother, who possibly acquired it by a previous attack. Whooping cough is much milder in infants under five months old than in older children. A mother with scarlet fever may nurse her child without communicating the disease to it.

The Telephone and Bacteria

An experiment has recently been made to determine whether the transmitter of the public telephone can convey disease. Cultures prepared from the receivers and transmitters of ninety-four telephones in public booths enabled the investigator to isolate various diseases causing germs. Diphtheria bacilli were present in 2 per cent. The transmitters were the chief offenders, the receivers showing few germs. Though the danger is slight, it should be borne in mind and guarded against if possible.

The Summer Baby

A writer on pediatrics says a well baby clothed in a shirt and diaper will keep well and happy through the hottest summer months. Overclothe this child, let him suffer from retained heat, and he will have diarrhoea and collapse.

Post Partum Carthesis

A series of cases has been reported where routine carthesis was employed and an equal number where no laxative was used. The series showed a greater number of rise of temperature where cathartics were given than in those where only enemas were used.

Joint Injuries

It is stated that one of the great advances during the war was the recognition that mobilization and not immobilization was the best treatment for articular lesions. This means that early activity of the joint,

and not inactivity, best promotes the return to normal use, irrespective of the grade of damage to the joint.

Treatment of Sprains

The same authority advises hot applications to the affected joint during the first few hours. It should then be massaged and wrapped in adhesive in such a way that circulation and joint motion will not be interfered with. Then the joint should be moved by the patient every two hours through a full range of motion; massage being given daily over the adhesive. In sprained ankles and knees, walking should be insisted on after the first massage period.

Death of Red Cross Officer

We greatly regret to report that Dr. Russell Stewart Wingfield, of Philadelphia, who was seriously burned on August 14th in a fire which destroyed the American Red Cross Children's Hospital at Salonika, died on August 20th, after a week's fight against shock and nephritis. Funeral services were held on August 23rd at the American Red Cross headquarters in Salonika, full military honours being paid by a detachment from the Greek regular army. The body will be shipped to the United States for burial.

Dr. Wingfield was a graduate of the John Marshall High School of where his parents live at 806 Fourth Avenue. He came to Europe in February, 1921, for service with the Red Cross, and was immediately sent to Salonika to take charge of the children's hospital at the Kalamaria Refugee Camp.

When the fire broke out in the hospital dispensary on Sunday night, Dr. Wingfield succeeded in saving all the patients and personnel, with the exception of one Greek interpreter. His heroic efforts, however, cost him very severe burns about the face and arms, and his condition had been critical throughout the week.

Dr. Wingfield was a graduate of the John Marshall High School of Virginia. He enlisted in the Army Medical Corps immediately on the American declaration of war, and served throughout the war as a State Inspector of Draft Boards. After the war he became resident physician at the Stetson Hospital in Philadelphia, leaving this post to come to Europe last February.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto, Ont.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A, Justin Apts.,
Fleet and Doley Streets,
Winnipeg, Man.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

Foreword—Year 1921-1922

The officers of the Public Health Section of the C.N.A.T.N. are looking to the several Provincial Representatives and their standing committees to enrol members in the Public Health Section during the present year. While the officers of the Section are willing to assist the Provincial representatives by co-ordinating their efforts and by acting as a stimulus to greater endeavor, it must be borne in mind that the success of the section depends upon the extent to which the Provincial representatives are able to enlist the sympathy and co-operation of those engaged in Public Health Nursing in their respective Provinces.

It is believed, further, that the building up of a strong Public Health Section, through the efforts of the Provincial representatives, should result in increased interest in the Graduate Nurses' Associations of the several Provinces, and in turn the strengthening and enrichment of the Canadian National Association of Trained Nurses.

FLORENCE EMERY,
Chairman, Public Health Section, C.N.A.T.N.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Educational Standards in Nursing

As we left the beautiful City of Quebec, following the days spent together in convention, and in visiting the picturesque old city, was there not, mingled with our feelings of pleasure, also a feeling of not having accomplished the things we met to do?

Did not the historic atmosphere make us feel, more than ever before, that we were one people, a part of a great nation, and of a still greater Empire; that, even before the Great World War, we had really been one. Did we not feel that we must cherish every tradition, and even thank God for the sacrifices which had served to draw us so much closer together? Did not we, as nurses, feel a closer union through the sacrifice made by our own sister nurses in the Great War?

As nurses, from all over Canada, engaged in the education of pupil nurses, met in convention, did they get any closer together? Did they bring their problems, for there must be many, for the consideration of others meeting similar difficulties, that they might together work out a solution? What of our system of nursing education, is it based upon a solid foundation? Do the Superintendents of the various training schools realize that to them the nurses of Canada look for the establishment of definite standards?

Our profession is very new, indeed so new that we are not as yet quite agreed as to what a nurse is, and whether we are really members of a profession. Claiming it as a profession, we must remember that we undertake certain definite obligations. A profession is an occupation involving a liberal education—hence it involves special mental as well as other attainments.

The public, and the medical profession at large, still consider that we have our limitations; they consider the nurse as the woman qualified to give bedside care, and that only. But in the new profession of nursing the graduate is qualified for more than this. This fact is, of course, also recognized by many members of the medical profession; indeed, it is they who have assisted us to rise, but, to the average medical man, as to the general public, the old idea of the nurse still exists. But what of the nursing body itself? Does it also realize its opportunities and its obligations? Do the nurse educators realize their responsibilities? Do our

methods of instruction "betray" that we realize what we have undertaken? We speak with regret of the lack of well qualified applicants for our training schools; have our methods of nursing education anything to do with it? This is a question worthy of our consideration.

But, to return: Nursing the world over is being accepted as a profession. How do the standards of nursing in Canada compare with the standards elsewhere? I did not say how do our out-standing schools compare with the best schools of other countries; national standards of living are not established by the millionaires, neither are our nursing standards set by the few favored training schools, but by the many.

The problem of nursing standards is not one which affects training schools alone; it affects nursing in all of its phases. Consider the problem of a hospital board engaging a nurse to take charge of a small hospital. Just as to most school boards, a teacher is a "teacher," so, to the hospital board, a young woman holding a certificate from any training school is a "nurse," and qualified to meet all their needs.

How well is the average graduate nurse prepared to meet the difficulties of her new position? Did she even realize what they were to be? Nursing problems? Yes she doubtless is prepared to meet most of the problems connected with the actual care of the patient. Business training? Did she realize that she would be expected to keep the hospital books? House-keeper, store-keeper, and supervisor of the laundry? Is she ready to direct these departments, instructing new employees in their duties? Engineering? What does she know of it, of the heating and lighting plant, of the operation of the gasoline sterilizer, etc.? Sanitation? Does she know of the methods of purifying the water supply, brought perhaps from a neighboring slough some eight or ten miles distant? What does she know of the septic tank and its operation? Psychology? Has she made a study of human nature, or does she know by intuition how to deal with the varied members of her staff, the public, the board, and perhaps the secretary? And yet a nurse who had recently completed a university course in institutional management feared that the director of the course would be "disappointed" should she undertake the management of a small hospital! I wonder if she is the only nurse who considers such a position as one of not very great importance? Yet how many of us are really "big" enough for such a position?

I need scarcely go on to speak of the public health nurse, or shall we call her the "health teacher?" Does the regular nurse's training begin to prepare her for the work? Does it begin to touch upon the problems underlying disease? Does it cover the very first principles of teaching? Does the hospital training, with every appliance at hand to work with, even prepare the nurse for bedside duty in the home of the well-to-do patient, or in the homes of the district?

You will doubtless say that most of this preparation must be given

as post-graduate work; that it requires special instructors, and more time than the nurse can be allowed during her term of training. Granted that it does require special instructors, and that it can better be given as post-graduate work, or perhaps we may make it possible in the final year of training; granting this, how well prepared are our students to receive such special instruction? What educational ground-work have we upon which to build? Did our visit to Quebec not make us realize, as never before, the stability of a city founded upon a rock? Is there a doubt in the mind of a single nurse-educator of the necessity of a good preliminary education as a foundation upon which to build our superstructure?

To whom shall we look, if not to the Canadian National Association of Nursing Education, to set definite educational standards—for the teacher as well as for those taught? Though the problems of the small and of the large hospital are different, the children's hospital has some difficulties that the general hospital may not have to meet; the hospital in the new country, without modern equipment, or even modern conveniences, has difficulties that the older established hospitals will never again have to cope with—but, if all are training schools for nurses, the principles of teaching are the same no matter where they are carried out. The same educational requirements should be met; the same code of ethics should govern all, and human nature is the same the world over.

Should there not be an accepted code of ethics to govern the relations between training schools? What of some uniformity of training school records? Should it not be possible for a student, compelled for a legitimate reason to give up her training for a time, to take it up again, even in a different institution, if there were good reason for this, with due allowance being made for the ground already covered? This is, of course, impossible without some uniformity in the course of instruction, in the system of records and of credits. What of the minimum standard curriculum, which at present has the approval of our National Association of Nursing Education? Are the nurse-educators of Canada satisfied with it, even as a minimum standard? Every province, and those engaged in nursing education in each province, realize that we have problems that have not yet been touched, and that standards must be established if we are to take our place among the nurses of the world. Can we not get closer together in our national conventions, with perhaps a more sympathetic and more helpful spirit, realizing that only as assistance is given to these who have much to give, and only as those needing help come prepared to receive, can we attain standards which we shall feel proud to acclaim as the nursing standards of Canada?

MABEL F. GRAY, R.N., Regina.

The World's Pulse

(By Elizabeth Robinson Scovil).

Air Without Smoke

The shortage of coal in England has caused Englishmen to discover what air can be when it is not smoke-laden, as their atmosphere usually is. An airman, while on his way to France, saw the chalk pits of St. Omer, 90 miles distant. Windsor Castle and the Thames Valley were seen from Harro, forty miles away.

Oil Fuel Ships

It has been stated in Parliament that the present policy is to build warships that burn oil only. Depots for the oil supply are established at Gibralter, Jamaica, the Falkland Islands, Rangoon, Sierra Leone and Singapore. Two tons of oil does the work of three tons of coal, occupies less space and is much more easy to load.

The Betrayer of Edith Cavell

When Armada Jeanne, who is believed to have denounced Edith Cavell, was being examined at his trial, a woman whose husband he had betrayed flew at him and scratched his face. He was arrested at Mons owing to information obtained from the records of trials by German court-marital during their occupation of Brussels.

Cure of Sleeping Sickness

In a lecture before the Society of Tropical Medicine and Hygiene, given in London, the lecturer, Dr. Marshall, of Uganda, said that 56 cases of sleeping sickness had been cured by a new treatment. Salvarsan was introduced into a vein of the patient, thus mixing it with his blood. A small quantity of this mixture was then withdrawn and injected into the cerebro-spinal fluid. It is suggested that the real curative agent may be the patient's own blood, which may have developed an antidote to the disease which the spinal fluid is not capable of producing.

New British War Torpedo

A new torpedo plane, said to be the most deadly engine of destruction in the world, has been designed secretly for the British government. It can ascend from the deck of a warship and carries a torpedo capable

of putting out of action at one blow the largest battleship. In speed and in ability to manoeuvre under fire, it will eclipse anything yet achieved.

A Wonderful Microscope

A new microscope is in the possession of the National Institute for Medical Research, London. It will multiply an object twelve and a quarter million times. It is possible to see a bacillus as a living object and observe its structure. Hitherto it would only be identified by killing it and staining it red, blue or green. It is hoped that with this fresh knowledge more efficient vaccines and serums may be prepared to combat the germ diseases. The apparatus is made of two kinds of glittering quartz; the slide and cover glass containing the object to be examined must be of quartz, as well as the lens itself. The light used is the ultra violet rays, shorter wave lengths than white light, and experiments are being made with soft X-rays, which are too weak to penetrate bone.

Air Mail Service

The Agent General for Tasmania has suggested a scheme for an Imperial air service. A company is to be formed with a large capital, half to be subscribed by the governments of India, South Africa, Australia, New Zealand and the Malay States, the other half by the public. The plan is to organize a great air mail service which would bring Great Britain within five days distance of India and South Africa and within ten days of Australia.

A New Fertilizer

A method has been discovered and soon may be used on a large scale for transforming straw into a fertilizer for the soil without the aid of an animal larger than a microbe. This atom attacks the straw and breaks it up into chemicals as valuable to the ground as the product of the barnyard. It may mean salvation to the crops of the world.

A New Electric Force

A new electrical force has been described at a large meeting of the Institute of Electrical Engineers in London; remarkable experiments were made with it at Copenhagen. It has been discovered that certain minerals, such as slate or agate, when in contact with a piece of metal, may be made to adhere to it with extreme tenacity when a very feeble electric current is placed through them. This is said to mean, in practical use, that a few thousand miles extra would make little or no difference in sending a wireless message. The rate of receiving, also, can be speeded up several hundred words a minute. This new relay will make it possible to have a portable wireless receiver little larger than a fountain pen.

The Opening of the State Register in England and Wales

Dear Madam,—

I am instructed by the General Nursing Council for England and Wales to let you know that the State Register of Nurses under their authority is now open, and the council are prepared to receive applications for registration.

Section 6 (1) of the Nurses' Registration Act, 1919, applies to any part of His Majesty's Dominions as respects which the council are satisfied:—

(a) That there is in force therein an enactment, or a provision of any kind having the force of law, providing for the registration of nurses under some public authority;

(b) That persons registered under this Act are admitted to the register established under the said enactment or provision on terms not less favourable than those contained in sub-section (1) of this section;

(c) That the standard of training and examination required for admission to the register of nurses established under the said enactment or provision is not lower than the standard of training and examination required under this Act.

Under the Nurses' Registration Act, 1919, Rule 16, is as follows:—

NURSES REGISTERED ELSEWHERE IN HIS MAJESTY'S DOMINIONS.

Any person who proves to the satisfaction of the Council that she has been registered either generally as a nurse for the sick, or as a nurse of some special class in any part of His Majesty's Dominions outside the United Kingdom to which Section 6 of the Act for the time being applies, shall be entitled, upon making application to the Registrar in the form set out in the schedule to these rules, to be admitted to the appropriate part or parts of the Register. The fee payable in such case shall be the same as that payable in the case of an application under Rule 4 of these Rules, i.e., existing nurses who conform to the requirements of the council pay a fee of £1. 1. 0.

The General Nursing Council for England and Wales will be indebted to you if you will be good enough, through the mediums of *The Canadian Nurse*, to place these facts before the nurses of Canada.

A nurse who desires to have her name placed upon this register should write for an application form to the Registrar, General Nursing Council for England and Wales, 12 York Gate, Regent's Park, London, N.W. 1, England.

Similar Acts for the Registration of Nurses have been passed

in Scotland and Ireland concerning which information may be obtained:

In Scotland—From the Registrar, General Nursing Council for Scotland, 13 Melville Street, Edinburgh.

In Ireland—From the Registrar, General Nursing Council for Ireland, 33 St. Stephen's Green, Dublin.

I am, dear madam,

Yours faithfully,

M. S. RIDDELL,
Registrar.

C. A. M. C. Nursing Service Department.

"Woman's Day" Luncheon

As the Toronto *Evening Telegram*, of September 1st, aptly expresses, "only second to the moving scenes that have marked the public's 'Well done' to our soldiers was the scene which was witnessed at the annual Woman's Day luncheon at the exhibition to-day." For at it, Canada's overseas nurses were given the thanks of their nation in the presence of women (200) representing Canadian women from coast to coast. Miss Margaret C. Macdonald, M.R.R.C., Matron-in-Chief, C.A.M.C. Nursing Service, was guest of honour, and with her in places of honour were five matrons and twenty nursing sisters from Toronto and the immediate vicinity. At the head table were also the President of the Canadian National Exhibition and Mrs. Fleming, Mrs. Drury, the wife of the Honourable Premier Drury; Miss Rebecca Church, sister of His Worship Mayor Church; Mrs. Arthur Van Koughnet, Honorary Superintendent Soldiers' Comforts Branch, D.S.C.R.; Colonel Noel Marshall, C.M.G., of the Canadian Red Cross Society, and the representatives of many other patriotic organizations. At the conclusion of the luncheon President Fleming welcomed the day's guests and expressed his consciousness of his privilege in presenting the address of the Canadian National Exhibtion's voicing of the admiration of the people of

Canada. He was also glad that public tribute was to be expressed through a branch of the Dominion Government, the D.S.C.R.

President Fleming read a copy of the exhibition's tribute, and presented the charmingly framed illuminated address. A second was presented by the Honorary Superintendent, on behalf of the Soldiers' Comforts Branch of the D.S.C.R. Mrs. Van Koughnet then read messages from Their Excellencies Lord and Lady Byng, H.R.H. the Duke of Connaught and the Duke of Devonshire. As it would have occupied an entire day to read the hundreds of letters representing thousands of men and women from England, Canada, Geneva, Newfoundland and the United States, these messages were presented in a miniature hospital cot made by a returned soldier and tied with tri-colour ribbons.

The nurses present at the luncheon will not soon forget its touching and impressive character. The circumstance that the heart of a nation "Remember how" and expresses gratitude, three years after the proclamation of peace, is the highest tribute of all.

The response to the addresses and the kindly messages received will be published in these columns as space permits. At her request and in order that everyone may receive a copy of the illuminated address, a list of all members of the service has been forwarded to the Honorary Superintendent, Soldiers' Comforts Branch, D.S.C.R., Toronto. Acknowledgment of same should be made to Mrs. Van Koughnet, to whom much is owing for her kindly interest and unceasing thought in their regard.

Addresses of Tribute and Honour to the Nurisng Sisters of the Canadian Expeditionary Forces

Canadian National Exhibition

Miss Margaret Macdonald, Matron-in-Chief:—

The President and Directors of the Canadian National Exhibtion, in honouring you to-day, and through you, the nursing sisters of the Canadian Expeditionary Forces, feel that this is a fitting place in which to pay tribute to the women who so self-sacrificingly gave their best efforts during the Great War.

In these exhibition grounds valorous forces of men were trained—soldiers of whom Canada is justly proud—among them many cared for by the nursing sisters and many who paid the supreme sacrifice for liberty and civilization.

When the call to duty sounded throughout the Empire, nursing

sisters from all parts of the Dominion were quickly responsive, and patriotically ready to give aid in the hour of need.

From the time the first Canadian contingent, the greatest Armada that ever crossed the seas, sailed for England until the present date, the services so faithfully given by the nursing sisters would be difficult to over-estimate.

The unselfish devotion to men wounded in conflict during the clash and passion of war has earned for you the high opinion and lasting regard of a grateful nation.

Canadians played a glorious part in the war with duty done fearlessly and well, and as a nation we will not cease to mourn for those men and women who courageously gave their lives for the freedom of the world.

Their example will be an inspiration to the rising generations to recognize that Canadian citizenship within the British Empire is a great and precious possession.

We desire to extend to you, and to those who were associated with you, our earnest good wishes that happiness and success may be yours, and that the future may carry with it the blessings of health for you all.

THE BOARD OF MANAGEMENT,
TORONTO EXHIBITION.

September, 1st, 1921.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT,
SOLDIERS' COMFORTS BRANCH FOR CANADA.

Toronto, Ontario.
September 2nd, 1921.

Miss Margaret Macdonald, Matron-in-Chief:—

On behalf of patriotic women throughout Canada, the Soldiers' Comforts Branch of the Department of Soldiers' Civil Re-establishment desires most earnestly to do honour and pay national tribute to the nursing sisters of the Canadian Expeditionary Force.

From August, 1914, and during the years when the shadow of war lay heavily on the British Empire, the active and heroic services of the nursing sisters own for them the admiration and esteem of the people of this Dominion.

Men and women throughout Canada rejoiced at the whole-hearted response to the call of duty made by each of the nursing sisters who volunteered for service. A nation's prayers went with them for health and safety, and later, heart-felt gratitude was expressed for their record of unselfish endurance under strain; their spirit and courage in crisis; their

fortitude and self-possession in danger.

During the tumult of war, while the marquees were being riddled with machine-gun bullets, the houses practically falling upon the inmates, the steadfast devotion given to duty by you all was an inspiration to womanhood the world over.

Canadian citizens profoundly deplore the loss of those sisters who gave their lives, either on land or water, for the sacred cause of freedom. Their courage is in keeping with the most inspiring traditions of the British army and navy. In paying tribute to the memory of the fourteen nursing sisters who perished on the Llandovery, while the people of this Dominion shrink from the utter blackness of the enemy outrage on this Institution of Mercy, they are proudly conscious of the supreme devotion and valiant sacrifices made by these sisters who had been on active duty since the outbreak of war and for two years endured the hazards of the shelled areas in France.

With the fulfillment of peace and the memory of the part so nobly taken by the nursing sisters in the Great War, to whom we pay honour to-day, Canada extends in the accompanying letters and telegrams the thanks of a nation.

(Signed) GERTRUDE VAN KOUGHNET,
Honorary Superintendent.

ANNOUNCEMENT

Canadian National Association of Trained Nurses' Scholarship

The successful applicant for the scholarship given this year by the Canadian National Association of Trained Nurses, which is of the value of $500.00, and which is only given if the applicant wished to take the course at McGill University, Montreal, is Miss Jean Wilson, R.N. Miss Wilson is known to many nurses throughout Canada, is a graduate of the Lady Stanley Training School in connection with the County of Carlton General Protestant Hospital, Ottawa, and was one of the charter members of the Registered Nurses' Association of Saskatchewan, in which association she was secretary for several years. Miss Wilson has held several executive positions, and her position as Lady Superintendent of the Moose Jaw General Hospital, Moose Jaw, Sask., was only given up because of illness. Miss Wilson intends taking the Executive course at McGill, and the members of the C.N.A.T.N. wish her all kinds of success.

McGill University was selected by the C.N.A.T.N., at their Convention in Fort William, 1920, because it was the first university to give a full year's post-graduate course to nurses.

Hospitals and Nurses

ONTARIO.

St. Catharines.

It is with deep regret that the Alumnae announces the resignation of Miss Merle MacCormack, who was Assistant Superintendent of the General and Marine Hospital, St. Catharines, for seven years. On the evening of her departure for California, the members of the A.A. presented her with a purse of money, the doctors presenting her with an illuminated address and a purse of gold. The hospital staff and pupil-nurses also gave her a solid leather suit case.

Miss Norma Grenville took the summer school course for nurses at the Toronto University during July and August. She is now taking up the work of a school nurse in the town and township of Thorold, Ont.

Miss Merle MacCormack, Miss Vera Brebner and Miss Annie Gfansmore left for California on September 7th.

Chatham.

The seventh annual meeting of the Alumnae Association was held in the Recreation Hall, in St. Joseph's Hospital, Chatham, Ontario, on June 29th—a day full of interest from morn' till eve

During the morning session Miss Mary Irene Foy, Toronto, Secretary-Treasurer of the G.N.A. of Ontario, addressed the associates assembled from various places, giving special emphasis to public health nursing. The speaker's zeal and enthusiasm for the nursing profession awakened a ready response from each graduate, and Miss Foy's visit will long be remembered by the Alumnae.

The election of officers followed, after which all repaired to the artistically decorated dining-hall, where a dainty and delicious luncheon was served by winsome pupil-nurses, solely desirous to please each and every one of the honoured guests.

In the afternoon, with the Alumnae of the Public General Hospital as guests, all in touring cars, were conveyed to Government park, where a very successful picnic finished the happy day.

* * * *

QUEBEC

Jeffery Hale's Hospital.

Our congratulations are extended to the following nurses who, at the June board meeting, were presented with their pins and diplomas, by Mr. J. Hamilton in the absence of the President: Misses Jennie Kennedy, Annie Murphy, May Karran, Marion Gardyne, Eva Armour, Laura Sleeth and Mabel McRae. Mr. Hamilton, in a brief address, wished the nurses all success and assured them that their Alma Mater would always take the greatest interest in their future work.

Miss Dorothy Ford has accepted a position in one of the New York hospitals.

Miss Gladys Hartley is again on duty at the Lachine General Hospital, after her recent illness.

Miss S. Van Sternberg has been appointed nursing sister with the U.S. Navy, and sails for Cuba shortly.

Miss F. Ascah has resigned her position in the Canora hospital, Canora, Sask., and is visiting her home in Gaspe.

Montreal.

Miss Velma MacMillan (R.V.H., 1917), recently in charge of Ward E, expects to spend the winter at her home in Sydney, N.S.

Miss Margaret Beamish (R.V.H., 1918), who has been for several years in charge of Ward G, has given up her position and is at present at her home in Belleville, Ont.

Mrs. Eric Paice (Miss Aileen Pomeroy, R.V.H., 1916), is at present supplying for Miss Anita Ross in the Hydrotheropy and Electrical Department of the Ross Memorial. Miss Ross, who was operated on for appendicitis, is visiting friends in Ontario.

Miss Beatrice Watson (R.V.H., 1920), has recently gone to New York. Miss Watson intends spending the winter in California.

Among the year's graduates who are remaining to take hospital positions are Miss Helen Rogers and Miss Jessie Pangsom, in the operating departments, and Miss Florence Bigelow in the out-door department.

Miss Wilson has taken the position of Night Superintendent in the R.V.H. She has been for some time in charge of Ward D.

Dr. and Mrs. Roy MacDonald (Miss Jo MacArthur, R.V.H., 1917), have left Toronto, and are at present living in Quebec City.

Miss Stella Orr (R.V.H., 1917), has given up her position at the R.V.H., and is at present in Boston, Mass., where she expects to remain during the winter.

BRITISH COLUMBIA

VICTORIA

The Graduate Nurses' Association of Victoria, held their first meeting after the summer holidays on Tuesday, September 6th. Business was transacted and plans made for the winter.

On Saturday, September 10th, the G.N.A. of B.C. held their quarterly meeting at the P. R. Jubilee Hospital. Miss Breeze gave a most interesting report of the Quebec convention. It was rather disappointing to the association to find that only two members had applied for the B.C. Association Scholarship — Miss Campbell, Vancouver; Miss Stewart, New Westminster. Miss Campbell won by a majority of three votes. Our best wishes follow her to Toronto University, where she will take a course in Public Health. After the meeting refreshments were served by the V.G.N.A., in the rest room, Nurses' Home, Jubilee Hospital.

The foundation for the new memorial wing to the Jubilee Hospital is almost completed.

Miss Kathleen Little left Victoria, September 15th, on the Empress of Russia, C.P.O.S., for Shanghai, where, on October 3rd, her marriage to Mr. Ronald Gillespie is to take place. They will reside at Harbin. Miss Little served overseas as nursing sister. Her many friends join in wishing her every happiness.

Don't try to be happy.—Happiness is a shy nymph, and if you chase her, you will never catch her; but just go quietly on in the way of duty and she will come to you.—Eliphalet Nott.

A sneer is the weapon of the weak. Like other weapons of the devil, it is always cunningly ready to our hand, and there is more poison in the handle than the point.—J. R. Lovell.

Who can refute a sneer? It is independent of proof, reason, argument, or sense, and may as well be used against facts and truth as against falsehood.—C. Simmons.

Malice and hatred are very fretting, and make our minds sore and uneasy.—Tillotson.

In jealousy there is more of self-love than love to another.—Rochefoucauld.

A jealous man always finds more than he looks for.—Mlle. Scudery.

BIRTHS

FRANK—At St. Joseph's Hospital, Sudbury, Ont., May, 1921, to Mr. and Mrs. J. B. Frank (Miss Violet Pomfrey, R.J.H., 1918, Toronto), a son.

CAMERON—At the House of Providence, Antigonish, N.S., July 8th, 1921, to Mr. and Mrs. John McK. Cameron (M. H. Dickson, J.H.H., Quebec, 1910), a daughter.

NICHOLS—To Mr. and Mrs. L. A. Nichols, on April 27th, 1921 (Ida Norton, Class 1916, St. Joseph's Hospital, Chatham, Ontario), a daughter.

JOHNSTON—To Mr. and Mrs. Roy Johnston (Pearl Blonde, Class 1915, St. Joseph's Hospital, Chatham, Ontario), a son.

LEWIS—To Mr. and Mrs. Lewis (nee Carrie Humphries), of Kindersley, Saskatchewan, a daughter.

ANDERSON—At the Montreal Maternity Hospital, August 7th, 1921, to Dr. and Mrs. Geo. Anderson, a daughter—Joan. Mrs. Anderson was Miss Blanche Crowdall (R.V.H., 1918).

MARRIAGES

YOUNG-MACLEOD—At Soctsburn, N.S., Monday, September 5th, 1921, Christine Dey MacLeod (R.V.H., 1917), to Mr. William R. Young. Mr. and Mrs. Young are living in Halifax.

FLOYD-KIRKPATRICK — At Shukenacadie, N.S., September 13th, 1921, Miss Mary Kirkpatrick (R.V.H., 1920), to Mr. Geo. Floyd. Mr. and Mrs. Floyd will make their home in Toronto.

SINCLAIR-PORLEE—At St. John, N.B., September 13th, 1921. Miss Greta Porlee (R.V.H., 1920), to Mr. Murray Sinclair.

BUCKLEY-MACPHERSON—At Kelowna, B.C., on August 30th, 1921, by Rev. Father Verbeke, Mary A. MacPherson, R.N., graduate of St. Paul's Hospital, class 1912, to Donald J. Buckley, of Coalmont, B.C. Both formerly of Chatham, N.B.

CATT-CAHILL—On September 8th, 1921, at St. George's Church, St. Catharines, Winnifred Cahill, graduate of the Mack Training School, to Frederick Catt, of St. Catharines, Ont.

THOMPSON-MORNINGSTAR—At Toronto, June 15th, 1921, Miss Lillian Mae Morningstar (R.V.H., Toronto, 1917), to Dr. Henry Walter Thompson, Toronto.

WEATHERBEE-SCHOALES—At. St. Paul's Anglican Church, Toronto, Ont., June 20th, 1921, Miss Frances Marion Schoales (R.V.H., Toronto, 1915), to Mr. Roy Weatherbee, Toronto.

DEATHS

DUNN — At St. Joseph's Hospital, Chatham, Ontario, June 29th, 1921, Miss Annie Dunn (class 1898), St. Joseph's Hospital, Chatham, Ontario). The sympathy of the Hospital Alumnae is extended to the bereaved family.

The New Zealand Education Department is arranging a two-year dental course for nurses in teeth extraction and filling; the salary offered to those trained is greater than the usual salary of nurses.

In New Zealand there is now a State Department of Health, with a nursing division under a nurse-director. Hospital Boards have the power to give scholarships to nurses and to allot pensions, and the Governor-General has power to protect hospital nurses in the matter of accommodation, of duty, and working conditions generally. The age for registration is 21 and probationers may begin training at 18. Training may be taken in one or more hospitals. Masseuses also have state registration.

Gassing the Gassed

A "hair of the dog that bit them" is administered to patients suffering from the poison gases of the war, by Dr. Arnold, a Paris physician, who treats them with antitoxic gas in his clinic at Auteuil, in that city. Describing his method of treatment for gassed men, Dr. Arnold says:

"It is very simple. Having proved the failure of remedies conveyed by way of the blood, I had recourse to a system of inhalation, that is, the penetration of the bronchial system with a vaporized bacteria-killing medicament. But the gas thus vaporized must be applied with a certain pressure in order to penetrate and impregnate those parts of the lungs affected by poisonous gas. In short, these gases are of balsamic bactericide composition. Brought to a high temperature in the machines shown in one of the photographs, the balsamic products for saturating the lungs become volatile and mix with steam, by means of which they are carried into the system. Thus, where poison gas has ravaged the tissues, antitoxic gas is infused, and spreads slowly over the wounds and heals them. In short, one adopts the German method, but this time in order to cure its terrible effects. I have not had a single case of gassing that has resisted the treatment. Out of a hundred patients I have cured a hundred. From the gas-producing apparatus the gas is conveyed by pipes to the room where the patients are treated, and they inhale it from a tube protruding through a partition wall. While they are doing so, one of the medical staff listens to the action of the lungs, with his ear against the patient's back, and is thus able to gage the progress of recovery."

Mr. Peytavi-Faugères writes further to *The News*:

"The attention of the French public has been more and more attracted by the fine humanitarian work undertaken by Dr. Arnold, whose clinic is situated in the Rue Erlanger. Moved with pity for the soldiers gassed in the war, who, for want of adequate treatment, died by hundreds every day, he sought a remedy for those unfortunate men who still cling to life, to enable them to recover health and vigor. Relying entirely on his own resources—necessarily very limited when one remembers that there are still nearly two hundred thousand gassed men in France—Dr. Arnold applies his methods with most consoling results. There is not a single gassed man who has entered his doors that has not left them completely cured. . . . One can only hope that his system, equally applicable to tuberculosis, will come increasingly into common use."—*Literary Digest.*

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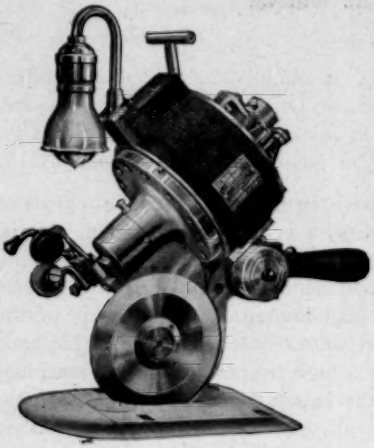

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Officers for Sick Benefit Fund: President, Miss M. Burke; Vice-President, Mrs. Hanlon; Secretary, Miss B. Bracy; Treasurer, Miss I. Forwell; Directors, Misses McQuillan, Burns, Spitzig, Holmes.

Regular Meeting—First Friday of each month.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON

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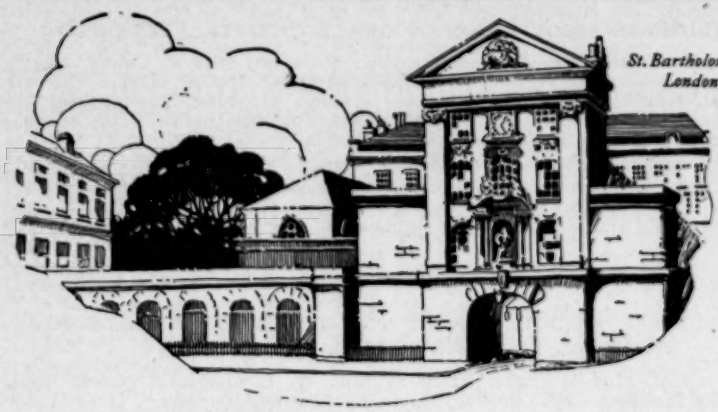
Sick Visiting Committee—Misses H. Fagan and A. Brohman.

Representative to Central Registry—Miss T. Gurry.

Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.

Regular Meeting—First Tuesday, 4 p.m.



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Representatives to the Local Council of Women—Miss Beckett, Miss Nagle, Miss Dermody.

Meetings Fourth Wednesday of every second month, omitting July.

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Executive Committee—Miss B. Sadler, Miss M. Aiken, Miss M. E. Dunlop, Miss Vance, Miss Beatty.

Representatives to National Council of Women—Miss E. Taylor, Miss B. Aiken, Mrs. Newson.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Mrs. Reynolds, Miss R. Burnett.

Representatives to Central Registry—Mrs. Reynolds, Miss Pegg, Miss Roadhouse, Miss A. P. Kerr.

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Entertainment Committee—Mrs. Worrell, Mrs. Leavens, Miss Morrison, Mrs. Cooper.

Meetings—First Tuesday in each month.

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Convener of Programme Committee—Miss Irene Vincent, Riverdale Hospital.

Representatives to Central Registry—Miss Davidson, 322 Brunswick Avenue; Miss Nicol, 767 Gerrard Street E., Toronto, Ont.

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Programme Committee—Misses H. Wade, E. Rawlings, M. Marriott, W. Cahill and D. Colvin.

Regular Monthly Meeting—Last Tuesday, 2.30 p.m.

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Representative to "Canadian Nurse"—Miss Myrtle Bennett, 71 Hincks Street.

Regular Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting—Second Monday, 8 p.m.

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"Canadian Nurse" Representative—Mrs. A. C. Joseph, 449 Oxford Street.

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Programme Committee—Mrs. Allison, Misses Shannon and Luckham.

Regular Monthly Meeting—First Tuesday, 8 p.m.

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Regular Meeting—First Monday, 3 p.m.

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Representative for Canadian Nurse—Miss Ada L. Wiseloh.

Regular Meetings—Second Thursday of each month.

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Regular Meeting—First Monday.

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Regular Monthly Meeting—Third Wednesday at 8 p.m.

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Convener of Social Committee—Miss B. Snow, St. Boniface Hospital.

Regular Monthly Meeting—Second Wednesday, 8 p.m.

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Incorporated March, 1917

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Incorporated April 19, 1916

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Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

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